

RECEIVED
CENTRAL FAX CENTER

DEC 11 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/723,994 Confirmation No. 7981
Applicants : Martin Newman et al.
Filed : November 25, 2003
Title : GOLF CLUB STRIKING FACE AND METHOD OF MANUFACTURE

TC/A.U. : 3711
Examiner : Michael S. Chambers

Docket No. : 0EKM-108414
Customer No. : 30764
Date : December 11, 2006

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

This is in response to the Office Action mailed August 10, 2006. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

DEC 11 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 0EKM-108414									
Applicant(s): Martin Newman, et al.														
Application No. 10/723,994	Filing Date November 25, 2003	Examiner Michael S. Chambers	Customer No. 30764	Group Art Unit 3711	Confirmation No. 7981									
Invention: GOLF CLUB STRIKING FACE AND METHOD OF MANUFACTURE														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	14 -	27 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1853 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 James R. Brueggemann, Esq. Registration No. 28,286 Sheppard, Mullin, Richter & Hampton LLP 333 South Hope Street, 48th Floor Los Angeles, California 90071 (213) 620-1780 (213) 620-1398 Fax			Dated: December 11, 2006											
CC:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ (Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		_____ (Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on														
_____ (Date)														
_____ Signature of Person Mailing Correspondence														
_____ Typed or Printed Name of Person Mailing Correspondence														